

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 17, 2004 8:00 am**  
**Secretary of State**

05-17-2004 90008 021 \*\*\*\*61.25

**DOCUMENT # N97000003303**

1. Entity Name

GOD'S HEALING HOLINESS CHRISTIAN CHURCH, INC.



Principal Place of Business

1346 MALABAR ROAD SE  
UNIT A  
PALM BAY FL 32907

Mailing Address

1346 MALABAR ROAD SE  
UNIT A  
PALM BAY FL 32907

24075775



MOORE

CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3459115

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BORLAND, PAULINE REV  
1346 MALABAR ROAD SOUTHEAST  
UNIT A  
PALM BAY FL

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE S/D ☐ Delete  
NAME LESLIE, PANSY MRS  
STREET ADDRESS 1346 MALABAR ROAD SE, UNIT A  
CITY-ST-ZIP PALM BAY FL 32907

TITLE ☐ Change ☐ Addition  
NAME S/D Fletcher, Pansy Mrs.  
STREET ADDRESS 1346 Malabar Road S.E. Unit A  
CITY-ST-ZIP Palm Bay, FL 32907

TITLE T/D ☒ Delete  
NAME SAMUELS, KINGSLEY  
STREET ADDRESS 1346 MALABAR ROAD SE, UNIT A  
CITY-ST-ZIP PALM BAY FL 32907

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P/D ☐ Delete  
NAME BORLAND, PAULINE REV  
STREET ADDRESS 1346 MALABAR ROAD SE, UNIT A  
CITY-ST-ZIP PALM BAY FL 32907

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME THOMAS, DONALD  
STREET ADDRESS 1346 MALABOR RD SE  
CITY-ST-ZIP MELBOURNE FL 32902

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/04

Date

Daytime Phone #